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7590 06/23/2004

Alan W. Steele
c/o Wolf, Greenfield & Sacks, P.C.
Federal Reserve Plaza
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Boston, MA 02210-2211

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Alan W. Steele, M.D., Ph.D.	(Depositor's name)
(Signature)	(Date)
July 22, 2004	2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/809,745	03/15/2001	Howard L. Weiner	B0801/7202 (AWS)	5345

TITLE OF INVENTION: SUPPRESSION OF VASCULAR DISORDERS BY MUCOSAL ADMINISTRATION OF HEAT SHOCK PROTEIN PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1330	\$0	\$1330	09/23/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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LIU, SAMUEL W	1653	514-100000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Brigham & Women's Hospital, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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(Authorized Signature)	(Date) July 22, 2004	
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Alan W. Steele, M.D., Ph.D., Reg. No. 45,128

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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01 FC:1501

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B0801.70202US00

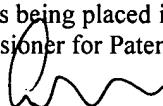
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Weiner et al.
Serial No.: 09/809,745
Confirmation No.: 5345
Filed: March 15, 2001
For: SUPPRESSION OF VASCULAR DISORDERS BY MUCOSAL
ADMINISTRATION OF HEAT SHOCK PROTEIN PEPTIDES

Examiner: Samuel W. Liu
Art Unit: 1653

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Alan W. Steele, Reg. No. 45,128

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TRANSMITTAL

Sir:

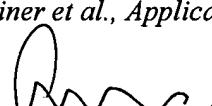
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- Part B – Fee(s) Transmittal
- Check in the amount of \$1360.00 (for Issue Fee and 10 Advanced Copies)
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Respectfully submitted,
Weiner et al., Applicant

By: 

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Attorney's Docket No.: B0801.70202US00
Date: July 22, 2004
x09/23/2004x